



DELAWARE OFFICE OF HIGHWAY SAFETY

STANDARD OVERTIME SLIP FORM

Please check appropriate box:

- ☐ SEATBELT
- ☐ SPEED/AGGRESSIVE DRIVING
- ☐ IMPAIRED DRIVING
- ☐ MOTORCYCLE
- ☐ DISTRACTED DRIVING

OFFICER NAME:	ID#	AGENCY
DATE:	DAY:	HRS WORKED: TO TOTAL HOURS:

TARGET ARREST SUMMARY

OPERATOR NAME	VIOLATION	SECTION NUMBER	TIME OF ARREST	OPERATOR NAME	VIOLATION	SECTION NUMBER	TIME OF ARREST
1.				9.			
2.				10.			
3.				11.			
4.				12.			
5.				13.			
6.				14.			
7.				15.			
8.				16.			

CRIMINAL ARREST SUMMARY

OPERATOR NAME	VIOLATION	OPERATOR NAME	VIOLATION
1.		4.	
2.		5.	
3.		6.	

OTHER UNRELATED ACTIVITIES (Please detail time spent during this patrol on other non-traffic safety activities – include stop/start times.)

OFFICER SIGNATURE: _____ **DATE** _____ **SUPERVISOR SIGNATURE:** _____ **DATE** _____